

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/> X <i>Scott Sadashige</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>American Optical Corporation<br/> c/o The Corporation Trust Company<br/> Corporation Trust Center<br/> 1209 Orange Street<br/> Wilmington, DE<br/> 19801</p>   |  | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery<br/> JAN 11 2008</p>   |  |
|   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
|   |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|   |  | <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |
| <p>2. Article Number<br/> (Transfer from service label)</p>   |  | <p>7003 3110 0004 0799 8088</p>  |  |
| PS Form 3811, August 2001   |  | Domestic Return Receipt  |  |
|   |  | 102595-02-M-1540   |  |

2:07cv1064 alias smo / cmp